

SERFF Tracking Number: MANU-125598673 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38705

Company Tracking Number: NB5004/06/07/13/17(12/2007) - JHUSA

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA

Project Name/Number: Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA /Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA

## Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: Bundle Supplemental Apps SERFF Tr Num: MANU-125598673 State: ArkansasLH  
NB5004/06/07/13/17(12/2007) - JHUSA

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 38705

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

NB5004/06/07/13/17(12/2007) -  
JHUSA

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Helene Landow, Jackie  
Murray, Karren Phair, Debbie Tom,  
Jacqueline Lau, Jacqueline Back

Disposition Date: 04/22/2008

Date Submitted: 04/14/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Bundle Supplemental Apps  
NB5004/06/07/13/17(12/2007) - JHUSA

Status of Filing in Domicile: Authorized

Project Number: Bundle Supplemental Apps  
NB5004/06/07/13/17(12/2007) - JHUSA

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/22/2008

Deemer Date:

State Status Changed: 04/22/2008

Corresponding Filing Tracking Number:

Filing Description:

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## INDIVIDUAL LIFE

Application Form NB5004US (12/2007) – Temporary Life Insurance Receipt and Agreement

Application Form NB5006US (12/2007) – Notice of Disclosure of Information

Application Form NB5007US (12/2007) – Coverage Details – Universal Life

Application Form NB5013US (12/2007) – Coverage Details – Term & Traditional Life

Application Form NB5017US (12/2007) – Important Notice: Replacement of Life Insurance or Annuities (Standard Form)

We are submitting the above new supplemental application forms for your approval. These forms will be used with state approved Individual life policies. The forms do not replace any currently approved forms and will be available electronically to print locally without any change in the pre-formatted content.

These forms will be used with main application form NB5000US (12/2007) that was approved by your state on February 11, 2008, state tracking #37810.

No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards. We have made simultaneous submissions of the identical form for John Hancock Variable Life Insurance Company and John Hancock Life Insurance Company.

NB5004US (12/2007), Temporary Life Insurance Receipt and Agreement, will be used to provide temporary coverage while the application is being processed, provided all outlined terms and conditions are valid.

NB5006US (12/2007), Notice of Disclosure of Information, will be given to each proposed life insured regarding information we collect to assess insurance risk and the individual's rights to this information.

NB5007US (12/2007), Coverage Details – Universal Life, is used to obtain coverage details for available benefits and options. The coverage selections are shown as variable information in [brackets] to accommodate future changes to the benefit/rider options. Any new riders will be filed for state approval as required.

NB5013US (12/2007), Coverage Details – Term & Traditional Life, is used to obtain coverage details for available benefits and options. The coverage selections are shown as variable information in [brackets] to accommodate future changes to the benefit/rider options. Any new riders will be filed for state approval as required.

NB5017US (12/2007), Important Notice: Replacement of Life Insurance or Annuities (Standard Form), is used to obtain information regarding any replacement of the Owner's existing policies.

The Service Office Address on the submitted forms is shown as variable information in [brackets] in case of future change.

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## Company and Contact

### Filing Contact Information

Jacqueline Lau, Contract Analyst  
200 Bloor St E  
Toronto, ON M4W 1E5  
Jacqueline\_Lau@jhancock.com  
(416) 852-7906 [Phone]  
(416) 926-3121[FAX]

### Filing Company Information

John Hancock Life Insurance Company (U.S.A.)  
P. O. Box 600  
Contracts and Compliance  
Buffalo, NY 14201-0600  
(416) 926-3000 ext. [Phone]

CoCode: 65838  
Group Code: 904  
Group Name:  
FEIN Number: 01-0233346  
-----

State of Domicile: Michigan  
Company Type: insurance/financial  
State ID Number:

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$20.00	04/14/2008	19533483

*SERFF Tracking Number:*      *MANU-125598673*      *State:*      *Arkansas*  
*Filing Company:*      *John Hancock Life Insurance Company (U.S.A.)*      *State Tracking Number:*      *38705*  
*Company Tracking Number:*      *NB5004/06/07/13/17(12/2007) - JHUSA*  
*TOI:*      *L08 Life - Other*      *Sub-TOI:*      *L08.000 Life - Other*  
*Product Name:*      *Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA*  
*Project Name/Number:*      *Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA /Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	04/22/2008	04/22/2008

*SERFF Tracking Number:*      *MANU-125598673*      *State:*      *Arkansas*  
*Filing Company:*      *John Hancock Life Insurance Company (U.S.A.)*      *State Tracking Number:*      *38705*  
*Company Tracking Number:*      *NB5004/06/07/13/17(12/2007) - JHUSA*  
*TOI:*      *L08 Life - Other*      *Sub-TOI:*      *L08.000 Life - Other*  
*Product Name:*      *Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA*  
*Project Name/Number:*      *Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA /Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA*

## **Disposition**

Disposition Date: 04/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Temporary Life Insurance Receipt and Agreement		Yes
Form	Notice of Disclosure of Information		Yes
Form	Coverage Details – Universal Life		Yes
Form	Coverage Details – Term & Traditional Life		Yes
Form	Important Notice: Replacement of Life Insurance or Annuities (Standard Form)		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NB5004US (12/2007)	Application/Temporary Life Enrollment Form	Insurance Receipt and Agreement	Initial		50	NB5004US.pdf
	NB5006US (12/2007)	Application/Notice of Disclosure Enrollment Form	of Information	Initial		50	NB5006US.pdf
	NB5007US (12/2007)	Application/Coverage Details – Enrollment Form	Universal Life	Initial		50	NB5007US.pdf
	NB5013US (12/2007)	Application/Coverage Details – Enrollment Form	Term & Traditional Life	Initial		50	NB5013US.pdf
	NB5017US (12/2007)	Application/Important Notice: Enrollment Form	Replacement of Life Insurance or Annuities (Standard Form)	Initial		50	NB5017US.pdf



Service Office:  
Life New Business  
197 Clarendon Street  
Boston MA 02116-5010

## Temporary Life Insurance Receipt and Agreement

- ☐ John Hancock Life Insurance Company (U.S.A.)  
☐ John Hancock Variable Life Insurance Company  
☐ John Hancock Life Insurance Company  
(hereinafter referred to as The Company)

Print and use black ink.

### RECEIPT

The Company  
acknowledges receipt of \$ **886.54**

paid in connection with the  
Application for Life Insurance dated **NOV 15 2007**  
month day year

on **PROPOSED LIFE INSURED (LIFE ONE)**

1. Name **JOHN M. DOE**  
First Middle Last

**PROPOSED LIFE INSURED (LIFE TWO)**

2. Name  
First Middle Last

3. Name of Owner **JOHN M. DOE**

month day year **X**  
Signature of Agent/Registered Representative

### TEMPORARY LIFE INSURANCE AGREEMENT

This Temporary Life Insurance Agreement is hereby entered into as follows:

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY AND SENT TO THE SERVICE OFFICE ADDRESS. DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

The Company will pay a death benefit to the beneficiary named in the application if the Proposed Life Insured, or the Surviving Proposed Life Insured under a survivorship plan, dies while this Agreement is in effect, subject to the terms and conditions set out below.

1. **WHEN AGREEMENT APPLIES.** No coverage will be provided under this Agreement if any of the following apply:
  - (a) any of the questions in the Temporary Life Insurance Agreement Application are answered "Yes" or left blank; or,
  - (b) any Proposed Life Insured is under age 20 or over age 70 (nearest birthday) as of the date that this Temporary Life Insurance Receipt and Agreement is signed by the Agent/Registered Representative ("the Effective Date"); and,
  - (c) the amount applied for under the above referenced Application for Life Insurance is more than \$10,000,000 of individual coverage or \$15,000,000 of survivorship coverage.
2. **LIMITED AMOUNT OF INSURANCE.** The amount of Temporary Life Insurance coverage provided by The Company will be the lesser of:
  - (a) the amount of insurance applied for including supplementary benefits and accidental death benefit; or,
  - (b) \$1,000,000 for individual coverage or \$5,000,000 for survivorship coverage.This maximum amount of coverage applies to the total amount under this Agreement and any other Temporary Life Insurance Agreement with The Company covering the Proposed Life Insured. If there are two or more persons proposed for insurance, this maximum amount applies to the total coverage.
3. **ACCIDENTAL DEATH BENEFIT LIMITATION.** If the benefits applied for include an accidental death benefit, no such benefit will be paid in respect of a death caused by:
  - (a) voluntarily taking or absorbing of any drug, medicine, sedative or poison (except in connection with any Proposed Life Insured's employment) unless prescribed by a licensed doctor other than the Proposed Life Insured; or,
  - (b) travel in any aircraft other than as a passenger.
4. **DATE INSURANCE BEGINS.** Insurance under this Agreement will begin on the Effective Date if The Company's application for life insurance has been completed and a payment has been received by The Company for at least one-twelfth of the annual premium for the base plan and any supplementary benefits requested in the application. If payment is made by check or draft, no insurance will be provided by this Agreement unless the check or draft is honored when first presented for payment.
5. **TERMINATION AND REFUND OF PREMIUM.** Insurance under this Temporary Life Insurance Agreement will end on the earliest of:
  - (a) the 90th day after the date of this Agreement;
  - (b) the day before the date insurance takes effect under the policy applied for;
  - (c) the date The Company mails notice to the applicant either declining to offer insurance to the applicant or offering insurance on a basis other than as applied for.Upon termination of this Temporary Life Insurance Agreement, The Company's only liability will be to refund the premium paid without interest.
6. **SUICIDE.** If any person proposed for insurance, whether sane or insane, commits suicide, The Company's only liability will be to refund the premium paid without interest.
7. **MISREPRESENTATION.** If there is any material misrepresentation in the Temporary Life Insurance Agreement Application, The Company's only liability will be to refund the premium paid without interest.
8. **OTHER CONDITIONS.** No one is authorized to change or waive any provision of this Agreement.

Give this page to the Owner





Service Office:  
Life New Business  
197 Clarendon Street  
Boston MA 02116-5010

## Notice of Disclosure of Information

- ☐ John Hancock Life Insurance Company (U.S.A.)  
☐ John Hancock Variable Life Insurance Company  
☐ John Hancock Life Insurance Company  
(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s).

### PROPOSED LIFE INSURED(S)

#### LIFE ONE

1. Name **JOHN** **M.** **DOE**  
First Middle Last

#### LIFE TWO

2. Name \_\_\_\_\_  
First Middle Last

### INFORMATION EXCHANGE

This brief description of our underwriting process is designed to help you understand how an application for life insurance is handled, the types and sources of information we may collect about you, the circumstances under which we may disclose that information to others, and your right to learn the nature and substance of that information upon written request.

The purpose of the underwriting process is to make sure that you qualify for life insurance and if so, to establish the proper premium charge for that insurance. The information necessary to evaluate your application is dependent upon your age, the amount of insurance you are applying for, your medical history, your occupation, your avocations and other personal information. Your answers on the application are the principal source of information; however, additional sources of information may be required.

Information you provide will be treated as confidential. The Company may, however, make a brief report thereon to the Medical Information Bureau (MIB Inc.), a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members.

Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, MIB Inc. will supply such company with the information it may have in its files.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. Medical information will be disclosed only to your attending physician. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act.

**The address of the Bureau's Information Office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112; telephone number (617) 426-3660.**

The Company may also release information given in your application and information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

### INVESTIGATIVE CONSUMER REPORT NOTICE

As part of our normal procedure, an investigative consumer report may be prepared concerning your character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. This information will be obtained through personal interviews with your friends, neighbors and associates.

On request to the Chief Underwriter, at the above Service Office address, we will disclose to you whether or not an investigative consumer report was done.

If an investigative consumer report was done, we will also disclose to you the nature and scope of the report, a summary of consumer rights and the name and address of the consumer reporting firm from whom you may request a copy of the report.

### INSURANCE INFORMATION PRACTICES

The personal information we obtain about you is confidential and we will not disclose it to other parties without your written authorization except as permitted or required by law. You have the right to access the personal information about you that appears in our files, including any medical record information disclosed within three years of your request, unless that information relates to a claim or a civil or criminal proceeding.

However, we will normally give medical record information only to a licensed physician of your choice. You also have the right to seek correction of information about you that you believe to be inaccurate or incomplete. We will provide you with a more detailed explanation of our information practices and access and correction procedures if you send us a written request. You may do so by writing to the Chief Underwriter at the above Service Office address.

**Please provide each Proposed Life Insured with a copy.**



Service Office:  
Life New Business  
197 Clarendon Street  
Boston MA 02116-5010

**Coverage Details – Universal Life**  
**John Hancock Life Insurance Company (U.S.A.)**  
(hereinafter referred to as The Company)

This form is part of the Application for Life Insurance for the Proposed Life Insured(s).  
Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and/or Owner.

**PROPOSED LIFE INSURED(S)**

**LIFE ONE**

1. Name **JOHN** **M.** **DOE**  
First Middle Last

**LIFE TWO**

2. Name \_\_\_\_\_  
First Middle Last

**PREMIUMS**

3. Frequency: ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ List Billed  
☐ Pre-Authorized Payment Plan (Please complete either Pre-Authorized Payment Plan Section of the **Application for Life Insurance, NB5000** or **Request for Pre-Authorized Payment Plan, NB5087**)  
☐ Other \_\_\_\_\_

**PREMIUM NOTICES AND CORRESPONDENCE**

4. Send Premium Notices to: (Select One)  
☒ Owner ☐ Proposed Life Insured One ☐ Proposed Life Insured Two  
☐ Other \_\_\_\_\_  
Name \_\_\_\_\_  
Street No. & Name, Apt. No., City, State, Zip Code \_\_\_\_\_
5. Send Correspondence to: (Select One)  
☒ Same as Above  
☐ Other \_\_\_\_\_  
Name \_\_\_\_\_  
Street No. & Name, Apt. No., City, State, Zip Code \_\_\_\_\_

**ADDITIONAL INFORMATION**

6. If an additional or optional policy is being applied for in a separate application, state plan and amount:  
\_\_\_\_\_ \$ \_\_\_\_\_  
Plan Name \_\_\_\_\_
7. Do you understand that you may need to pay premiums in addition to Planned Premium if the current policy charges or actual interest credited are different from the assumptions used in your illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied)? ☒ Yes ☐ No

**LIFE INSURANCE QUALIFICATION TEST AND DEATH BENEFIT OPTION**

8. Select One: ☒ Guideline Premium ☐ Cash Value Accumulation  
Note: Elected test cannot be changed after the policy is issued. You may request an illustration on both tests before making your election.
9. Death Benefit Option: ☒ Option 1 (Face Amount/TFA) ☐ Option 2 (Face Amount/TFA plus Policy Value)

**COVERAGE SELECTION**

**UNIVERSAL LIFE – SINGLE LIFE**

☒ **Protection UL-G – Face Amount \$ 100,000**

10. The Policy Protection Rider (check only one)  
☐ Policy Protection Rider ☐ Policy Protection Rider – Enhanced ☐ Policy Protection Rider – Flex
11. Additional Benefits:  
☐ Cash Value Enhancement ☐ Accelerated Death Benefit (For terminal illness)  
☐ Disability Payment of Specified Premium:  
Monthly Specified Premium Amount \$ \_\_\_\_\_  
☐ Return of Premium Death Benefit Rider (with DB1 only)  
Increase rate ☐ Yes \_\_\_\_\_ % ☐ No  
Percentage of Premiums to be returned at death (Whole numbers only. Maximum 100%) \_\_\_\_\_ %  
☐ LifeCare Benefit Rider (Please complete **LifeCare Benefit Rider, NB5018**)  
☐ LifeCare Benefit Max (LMAX) Extension Rider  
☐ Other \_\_\_\_\_

Choose  
one product  
from Coverage  
Selection  
section.

**COVERAGE SELECTION continued**

Choose  
one product  
from Coverage  
Selection  
section.

**UNIVERSAL LIFE – SINGLE LIFE continued**☐ **Accumulation UL – Total Face Amount \$** \_\_\_\_\_

12. Base Face Amount (if less than Total Face Amount) \$ \_\_\_\_\_

13. ☐ Supplemental Face Amount (SFA) (Check only one, if desired)☐ Level SFA of \$ \_\_\_\_\_ for the life of the policy☐ Initial SFA of \$ \_\_\_\_\_ for the life of the policy

Increasing by: \_\_\_\_\_ % or \$ \_\_\_\_\_ per year for \_\_\_\_\_ policy years (level thereafter)

☐ Customized Increasing Schedule (List by policy year. SFA decreases cannot be scheduled at issue.Please complete **Customized Schedule, NB5064.**)

14. Additional Benefits:

☐ Overloan Protection Rider☐ Cash Value Enhancement☐ Enhanced Surrender Value Rider☐ Total Disability Waiver of Monthly Deductions☐ Return of Premium Death Benefit Rider (with DB1 only)Increase rate ☐ Yes \_\_\_\_\_ % ☐ No

Percentage of Premiums to be returned at death (Whole

numbers only. Maximum 100%) \_\_\_\_\_ %

☐ Accelerated Death Benefit (For terminal illness)☐ LifeCare Benefit Rider (Please complete **LifeCare Benefit Rider, NB5018**)☐ LifeCare Benefit Max (LMAX) Extension Rider☐ Other \_\_\_\_\_☐ **Performance UL – Total Face Amount \$** \_\_\_\_\_

15. Base Face Amount (if less than Total Face Amount) \$ \_\_\_\_\_

16. Supplemental Face Amount (SFA)

☐ Level SFA of \$ \_\_\_\_\_ for the life of the policy☐ Other \_\_\_\_\_

17. Additional Benefits:

☐ Cash Value Enhancement☐ Total Disability Waiver of Monthly Deductions☐ Return of Premium Death Benefit Rider (with DB1 only)Increase rate ☐ Yes \_\_\_\_\_ % ☐ No

Percentage of Premiums to be returned at death (Whole

numbers only. Maximum 100%) \_\_\_\_\_ %

☐ Accelerated Death Benefit (For terminal illness)☐ LifeCare Benefit Rider (Please complete **LifeCare Benefit Rider, NB5018**)☐ LifeCare Benefit Max (LMAX) Extension Rider☐ Other \_\_\_\_\_**UNIVERSAL LIFE – SURVIVORSHIP LIFE**☐ **Protection SUL-G – Face Amount \$** \_\_\_\_\_

18. The Policy Protection Rider (check only one)

☐ Policy Protection Rider☐ Policy Protection Rider – Enhanced☐ Policy Protection Rider – Flex

19. Additional Benefits:

☐ Cash Value Enhancement☐ Return of Premium Death Benefit Rider (with DB1 only)Increase rate ☐ Yes \_\_\_\_\_ % ☐ No

Percentage of Premiums to be returned at death (Whole

numbers only. Maximum 100%) \_\_\_\_\_ %

☐ Disability Payment of Specified premium

Life One – \$ \_\_\_\_\_ Life Two – \$ \_\_\_\_\_

☐ Four Year Term (EPR)☐ Policy Split option☐ Other \_\_\_\_\_☐ **Performance SUL – Total Face Amount \$** \_\_\_\_\_

20. Base Face Amount (if less than Total Face Amount) \$ \_\_\_\_\_

21. ☐ Supplemental Face Amount (SFA) (Check only one, if desired)☐ Level SFA of \$ \_\_\_\_\_ for the life of the policy☐ Initial SFA of \$ \_\_\_\_\_ for the life of the policy

Increasing by: \_\_\_\_\_ % or \$ \_\_\_\_\_ per year for \_\_\_\_\_ policy years (level thereafter)

☐ Customized Increasing Schedule (List by policy year. SFA decreases cannot be scheduled at issue.Please complete **Customized Schedule, NB5064.**)

22. Additional Benefits:

☐ Cash Value Enhancement☐ Return of Premium Death Benefit Rider (with DB1 only)Increase rate ☐ Yes \_\_\_\_\_ % ☐ No

Percentage of Premiums to be returned at death (Whole

numbers only. Maximum 100%) \_\_\_\_\_ %

☐ Four Year Term (EPR)☐ Policy Split option☐ Other \_\_\_\_\_☐ **OTHER**

23. Select One:

☐ Single Life

Face Amount

\$ \_\_\_\_\_

☐ Survivorship Life

Face Amount

\$ \_\_\_\_\_



Service Office:  
Life New Business  
197 Clarendon Street  
Boston MA 02116-5010

## Coverage Details – Term & Traditional Life

- ☐ John Hancock Life Insurance Company (U.S.A.)  
☐ John Hancock Variable Life Insurance Company  
☐ John Hancock Life Insurance Company

(hereinafter referred to as The Company)

This form is part of the Application for Life Insurance for the Proposed Life Insured(s).  
Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and/or Owner.

### PROPOSED LIFE INSURED(S)

#### LIFE ONE

1. Name **JOHN** **M.** **DOE**  
First Middle Last

#### LIFE TWO

2. Name \_\_\_\_\_  
First Middle Last

### PREMIUMS

3. Frequency: ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ List Billed  
☐ Pre-Authorized Payment Plan (Please complete either Pre-Authorized Payment Plan Section of the **Application for Life Insurance, NB5000** or **Request for Pre-Authorized Payment Plan, NB5087**)  
☐ Other \_\_\_\_\_

### PREMIUM NOTICES AND CORRESPONDENCE

4. Send Premium Notices to: (Select One)  
☒ Owner ☐ Proposed Life Insured One ☐ Proposed Life Insured Two  
☐ Other \_\_\_\_\_

Name

Street No. & Name, Apt. No., City, State, Zip Code

5. Send Correspondence to: (Select One)

☒ Same as Above

☐ Other \_\_\_\_\_

Name

Street No. & Name, Apt. No., City, State, Zip Code

### ADDITIONAL INFORMATION

6. If an additional or optional policy is being applied for in a separate application, state plan and amount:

\$ \_\_\_\_\_

Plan Name

7. Do you understand that some payment options are possible only if future dividend and/or cash values are large enough to pay the required premium which is due each year? Lower dividends, policy loans, or withdrawals taken from the policy could cause additional premiums to be required. ☐ Yes ☒ No

What Plans/Premiums does this apply to? **N/A**

### COVERAGE SELECTION

Choose  
one product  
from Coverage  
Selection  
section.

#### TERM LIFE

☒ John Hancock Term – Face Amount \$ **100,000**

Select One: Level Premium ☒ Term 10 ☐ Term 15 ☐ Term 20 ☐ Term 30

8. Additional Benefits John Hancock Term

☐ Accelerated Death Benefit ☐ Total Disability Waiver ☐ Conversion Extension Rider (Term 15, Term 20 and Term 30 only)

☐ Survivorship Term – Face Amount \$ \_\_\_\_\_

#### TRADITIONAL LIFE – Non-Participating

☐ Protection Whole Life – Total Face Amount \$ \_\_\_\_\_

9. Protection Whole Life Premium Payment Options

☐ Full-Pay Life Coverage – level premiums payable to the age 121

Face Amount

\$ \_\_\_\_\_

☐ Limited-Pay Life Coverage – level premiums payable for the greater of 10 years or to age 65

\$ \_\_\_\_\_

☐ Single-Pay Life Coverage – single premium due at issue

\$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Single-Pay Life Coverage can be issued in combination with either Full-Pay Life Coverage or Limited-Pay Life Coverage

10. Additional Benefits: ☐ Accelerated Death Benefit ☐ Total Disability Waiver

11. I elect to have overdue premiums automatically paid, if and when applicable and available by Automatic Premium Loan. ☐ Yes ☐ No

**COVERAGE SELECTION continued**

Choose  
one product  
from Coverage  
Selection  
section.

**TRADITIONAL LIFE – Participating Single Life**☐ **Level Premium Whole Life (LP100) – Face Amount \$** \_\_\_\_\_

## 12. Dividend Option:

- ☐ Buy paid-up additions   ☐ Taken in cash   ☐ Leave on deposit   ☐ Apply to premium, or in cash if premiums are paid up  
☐ Apply to premium, balance left on deposit  
☐ Apply to premium, balance to buy paid up additions   ☐ Other \_\_\_\_\_

## 13. Additional Benefits:

- ☐ Accidental Death Benefit \$ \_\_\_\_\_  
☐ Additional Insurance Protection (AIP)  
(Dividend option P is automatically elected when this rider is present)

Premium	Face Amount	Optional lump sum
\$ _____	/\$ _____	/\$ _____

- ☐ AIP Levelized Premium option  
☐ AIP Cost Recovery \_\_\_\_\_ Years, \_\_\_\_\_ %  
☐ AIP Increase Option \_\_\_\_\_ Years, \_\_\_\_\_ %  
If AIP rider is elected, and Levelized Premium is not elected, the dividend option is Funds AIP rider.

- ☐ Disability Waiver of Premium (Insured)  
☐ Applicant Disability Waiver of Premiums  
☐ Living Care Rider (For terminal illness)  
☐ Children's Insurance \$ \_\_\_\_\_  
(Please complete **NB5020**)

☐ Paid Up Insurance (PUI) (Not available with AIP)☐ Option 1 – Lump Sum Payment \$ \_\_\_\_\_☐ Option 2 – Level Annual Premium \$ \_\_\_\_\_

Per year for \_\_\_\_\_ years.

- ☐ Insured YRT Level Death Benefit  
☐ Insured YRT Decreasing Death Benefit –  
Interest Rate \_\_\_\_\_ % Term \_\_\_\_\_ Years  
☐ Spousal YRT Level Death Benefit  
☐ Spousal YRT Decreasing Death Benefit –  
Interest Rate \_\_\_\_\_ % Term \_\_\_\_\_ Years

Do you elect to have overdue premiums automatically paid?

☐ Yes   ☐ No

And if 'Yes' and when available by:

- ☐ Dividend Values  
☐ Policy Value Loan

☐ Other \_\_\_\_\_☐ **Modified Premium Whole Life (Mod Plus) – Face Amount \$** \_\_\_\_\_

## 14. Dividend Option:

- ☐ Buy paid-up additions   ☐ Taken in cash   ☐ Leave on deposit   ☐ Apply to premium, or in cash if premiums are paid up  
☐ Apply to premium, balance left on deposit  
☐ Apply to premium, balance to buy paid up additions   ☐ Other \_\_\_\_\_

## 15. Additional Options:

- ☐ Levelized Premiums

## 16. Additional Benefits:

- ☐ Accidental Death Benefit \$ \_\_\_\_\_  
☐ Additional Insurance Protection (AIP)  
(Dividend option P is automatically elected when this rider is present)

Premium	Face Amount	Optional lump sum
\$ _____	/\$ _____	/\$ _____

- ☐ AIP Levelized Premium option  
☐ AIP Cost Recovery \_\_\_\_\_ Years, \_\_\_\_\_ %  
☐ AIP Increase Option \_\_\_\_\_ Years, \_\_\_\_\_ %  
If AIP rider is elected, and Levelized Premium is not elected, the dividend option is Funds AIP rider.

- ☐ Disability Waiver of Premium (Insured)  
☐ Applicant Disability Waiver of Premiums  
☐ Living Care Rider (For terminal illness)  
☐ Children's Insurance \$ \_\_\_\_\_  
(Please complete **NB5020**)

☐ Paid Up Insurance (PUI) (Not available with AIP)☐ Option 1 – Lump Sum Payment \$ \_\_\_\_\_☐ Option 2 – Level Annual Premium \$ \_\_\_\_\_

Per year for \_\_\_\_\_ years.

- ☐ Option 3 – Modified fill-in premium for 5 years  
☐ Insured YRT Level Death Benefit  
☐ Insured YRT Decreasing Death Benefit –  
Interest Rate \_\_\_\_\_ % Term \_\_\_\_\_ Years  
☐ Spousal YRT Level Death Benefit  
☐ Spousal YRT Decreasing Death Benefit –  
Interest Rate \_\_\_\_\_ % Term \_\_\_\_\_ Years

Do you elect to have overdue premiums automatically paid?

☐ Yes   ☐ No

And if 'Yes' and when available by:

- ☐ Dividend Values  
☐ Policy Value Loan

☐ Other \_\_\_\_\_

## COVERAGE SELECTION continued

Choose  
one product  
from Coverage  
Selection  
section.

### TRADITIONAL LIFE – Participating Survivorship Life

☐ **Level Premium Estate Protection – Face Amount \$** \_\_\_\_\_

17. Dividend Option:

- ☐ Buy paid-up additions   ☐ Taken in cash   ☐ Leave on deposit   ☐ Apply to premium, or in cash if premiums are paid up  
☐ Other \_\_\_\_\_

18. Additional Benefits:

- ☐ Additional Insurance Protection (AIP)  
(Dividend option P is automatically elected when this rider is present)

Premium	Face Amount	Optional lump sum
\$ _____	/\$ _____	/\$ _____

- ☐ Premium Cost Recovery  
☐ Increase by Initial Annual Premium for \_\_\_\_\_ years

- ☐ Accumulate Increase with interest at \_\_\_\_\_ %  
(increase may not exceed 20 Years)

- ☐ Living Care Rider (For terminal illness)

- ☐ Paid Up Insurance (PUI) (Not available with AIP)

☐ Option 1 – Lump Sum Payment \$ \_\_\_\_\_

☐ Option 2 – Level Annual Premium \$ \_\_\_\_\_  
Per year for \_\_\_\_\_ years.

- ☐ Survivorship Four Year Level Term Rider

- ☐ Other \_\_\_\_\_

- ☐ Disability Waiver of Premium

☐ Life One   ☐ Life Two

If Disability Waiver of Premium is elected, the amount shown includes the disability premium

Do you elect to have overdue premiums automatically paid?

☐ Yes   ☐ No

And if 'Yes' and when available by:

- ☐ Dividend Values

- ☐ Policy Value Loan

☐ **OTHER**

19. Select One:

☐ Single Life \_\_\_\_\_

☐ Survivorship Life \_\_\_\_\_

Face Amount

\$ \_\_\_\_\_

\$ \_\_\_\_\_



Service Office:  
Life New Business  
197 Clarendon Street  
Boston MA 02116-5010

## IMPORTANT NOTICE:

### Replacement of Life Insurance or Annuities (Standard Form)

- ☐ John Hancock Life Insurance Company (U.S.A.)  
☐ John Hancock Variable Life Insurance Company  
☐ John Hancock Life Insurance Company  
(hereinafter referred to as The Company)

This Important Notice must be read to the Owner. It must be signed by the Owner and the Agent/Registered Representative and a copy of the signed form left with the Owner. This Notice must be submitted with the Application for Life Insurance.

## PROPOSED LIFE INSURED(S)

### LIFE ONE

1. Name **JOHN M. DOE**  
First Middle Last

### LIFE TWO

2. Name \_\_\_\_\_  
First Middle Last

3. ☐ I do not want this notice read aloud to me. \_\_\_\_\_ (Owner must initial only if this instruction applies.)  
Initials

## REPLACEMENT

Complete for  
all applicable  
policies to be  
replaced.

A **REPLACEMENT** occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, borrowed from an existing policy, forfeited, assigned to the replacing insurer, or otherwise terminated.

Please complete the following:

**INSURANCE COMPANY** **XYZ INSURANCE COMPANY**

**POLICY NUMBER** **A 12345**

- a) Insured(s) **JOHN M. DOE**  
b) Owner **JOHN M. DOE**  
c) Issue Date **AUG 15 1998**  
month day year  
d) ☐ Group ☒ Personal ☐ Business  
e) ☐ Annuity ☒ Life ☐ Term ☐ Endowment  
f) 1035 Exchange? ☒ Yes ☐ No

**INSURANCE COMPANY** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

- a) Insured(s) \_\_\_\_\_  
b) Owner \_\_\_\_\_  
c) Issue Date \_\_\_\_\_  
month day year  
d) ☐ Group ☐ Personal ☐ Business  
e) ☐ Annuity ☐ Life ☐ Term ☐ Endowment  
f) 1035 Exchange? ☐ Yes ☐ No

**INSURANCE COMPANY** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

- a) Insured(s) \_\_\_\_\_  
b) Owner \_\_\_\_\_  
c) Issue Date \_\_\_\_\_  
month day year  
d) ☐ Group ☐ Personal ☐ Business  
e) ☐ Annuity ☐ Life ☐ Term ☐ Endowment  
f) 1035 Exchange? ☐ Yes ☐ No

Make sure you know the facts. Contact your existing company or its agent/registered representative for information about the old policy. (If you request one, an inforce illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent/registered representative in the sales presentation. Be sure that you are making an informed decision.



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## AGENT'S STATEMENT

4. The existing policy or contract is being replaced because

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**REMINDER TO AGENT/REGISTERED REPRESENTATIVE: John Hancock's policy concerning replacement appears in the "Agent's Code of Conduct" and states:** The "Replacement" of existing policies should only occur when it is demonstratively in the best interest of the client and in compliance with all applicable state and Company requirements. You must disclose all of the advantages and disadvantages of any replacement. The client must fully understand the financial consequences of this action and, where required by regulation, Company policy or industry practice, consent to it in writing. You must indicate on every application for new coverage whenever a replacement is involved in that sale.

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## REPLACEMENT ISSUES

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the cost and benefits of your existing policy and the proposed policy. One way to do this is to ask the company or agent that sold you your existing policy to provide you with information concerning your existing policy. This may include an illustration of how your existing policy is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies. You should discuss the following with your agent/registered representative to determine whether replacement or financing your purchase makes sense.

### PREMIUMS

- Are they affordable?
- Could they change?
- You're older – are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

### POLICY VALUES

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid. You will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

### INSURABILITY

- If your health has changed since you bought your old policy, the new one could cost you more, or your application could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

### IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

### IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

### OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (Ask your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?



## COMPARISON OF EXISTING AND PROPOSED POLICY

**ALL questions must be answered.**

7. In comparison with the existing policy, indicate the appropriate answer to the following questions. On the new policy:

- |   |   |                             |  |
|---|---|-----------------------------|--|
| a) Is the guaranteed death benefit higher?            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable            |
| b) Are the guaranteed cash values higher?             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable            |
| c) Is the guaranteed interest rate higher?            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable            |
| d) Is the face amount higher?                         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable            |
| e) Is the annual premium lower?                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable            |
| f) Is the loan interest rate lower?                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable            |
| g) Is the underwriting classification more favorable? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable            |
| h) Will any ownership problems be resolved?           | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not applicable |
| i) Will any beneficiary problems be resolved?         | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not applicable |

You have a "free-look" period within which to examine the proposed policy. If you are not satisfied, you can return it for a full refund within the period stated in the new policy.

### CAUTION

If, after studying the information made available to you, you decide to replace the existing life insurance with our life insurance policy, you are urged not to take action to terminate or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it to be acceptable to you. If you should terminate or otherwise materially alter your existing coverage and fail to qualify for the life insurance for which you have applied, you may find yourself unable to purchase other life insurance or you may only be able to purchase it at substantially higher rates.

## SIGNATURES

I certify that the information and responses given to the questions in this form are, to the best of my knowledge, accurate.

Signed at	City	State	This	Day of	Year
-----------	------	-------	------	--------	------

\_\_\_\_\_  
Name of Owner (Please print)

\_\_\_\_\_  
Signature of Owner

**X**

\_\_\_\_\_  
Name of Agent/Registered Representative as Witness (Please print)

\_\_\_\_\_  
Signature of Agent/Registered Representative as Witness

**X**

## ADDITIONAL OWNERS SIGNATURES IF MULTIPLE OWNERS

**If additional Owner signatures required please attach additional page including Owner name, date and signature.**

\_\_\_\_\_  
Name of Owner (Please print)

\_\_\_\_\_  
Signature of Owner

**X**

\_\_\_\_\_  
Name of Owner (Please print)

\_\_\_\_\_  
Signature of Owner

**X**

\_\_\_\_\_  
month      day      year

\_\_\_\_\_  
month      day      year

*SERFF Tracking Number:*      *MANU-125598673*      *State:*      *Arkansas*  
*Filing Company:*      *John Hancock Life Insurance Company (U.S.A.)*      *State Tracking Number:*      *38705*  
*Company Tracking Number:*      *NB5004/06/07/13/17(12/2007) - JHUSA*  
*TOI:*      *L08 Life - Other*      *Sub-TOI:*      *L08.000 Life - Other*  
*Product Name:*      *Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA*  
*Project Name/Number:*      *Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA /Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-125598673 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38705  
Company Tracking Number: NB5004/06/07/13/17(12/2007) - JHUSA  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA  
Project Name/Number: Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA /Bundle Supplemental Apps NB5004/06/07/13/17(12/2007) - JHUSA

## Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** Certification/Notice 04/08/2008  
**Comments:**  
**Attachment:**  
flesch ar.pdf

**Review Status:**

**Bypassed -Name:** Application 04/08/2008  
**Bypass Reason:** Please see form schedule tab  
**Comments:**

**Review Status:**

**Satisfied -Name:** Cover Letter 04/14/2008  
**Comments:**  
**Attachment:**  
letter ar.pdf

**Review Status:**

**Satisfied -Name:** Statement of Variability 04/14/2008  
**Comments:**  
**Attachment:**  
SOV jhusa US.pdf

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**CERTIFICATE OF COMPLIANCE**


**FOR THE STATE OF ARKANSAS**

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that the forms listed below has the following readability scores as calculated by the Flesch Reading Ease Test, and that these forms meets the requirements of your readability legislation.

<b>FORM NUMBER</b>	<b>READABILITY SCORE</b>
NB5004US (12/2007)	50*
NB5006US (12/2007)	50*
NB5007US (12/2007)	50*
NB5013US (12/2007)	50*
NB5017US (12/2007)	50*

\*Joint score for application and policy combined.

April 8, 2008  
Date

  
\_\_\_\_\_  
Helene Landow, FLMI, ACP  
Director, Contracts and Compliance

**John Hancock Life Insurance Company (U.S.A.)**

Contracts and Compliance  
P.O. Box 600  
Buffalo, NY 14201-0600  
Tel.: 416-852-7906  
Fax: 416-926-3121  
Email: jacqueline\_lau@jhancock.com



N.A.I.C. # 904-65838  
SERFF TRACKING #MANU-125598673

**Jacqueline Lau**  
**Contract Analyst**

April 14, 2008

Hon. Commissioner of Insurance  
Compliance - Life and Health  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Attention: Linda Bird

Dear Ms. Bird:

**INDIVIDUAL LIFE**

**Application Form NB5004US (12/2007) – Temporary Life Insurance Receipt and Agreement**  
**Application Form NB5006US (12/2007) – Notice of Disclosure of Information**  
**Application Form NB5007US (12/2007) – Coverage Details – Universal Life**  
**Application Form NB5013US (12/2007) – Coverage Details – Term & Traditional Life**  
**Application Form NB5017US (12/2007) – Important Notice: Replacement of Life Insurance or Annuities (Standard Form)**

We are submitting the above new supplemental application forms for your approval. These forms will be used with state approved Individual life policies. The forms do not replace any currently approved forms and will be available electronically to print locally without any change in the pre-formatted content.

These forms will be used with main application form NB5000US (12/2007) that was approved by your state on February 11, 2008, state tracking #37810.

No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards. We have made simultaneous submissions of the identical form for John Hancock Variable Life Insurance Company and John Hancock Life Insurance Company.

**NB5004US (12/2007), Temporary Life Insurance Receipt and Agreement**, will be used to provide temporary coverage while the application is being processed, provided all outlined terms and conditions are valid.

**NB5006US (12/2007), Notice of Disclosure of Information**, will be given to each proposed life insured regarding information we collect to assess insurance risk and the individual's rights to this information.

**NB5007US (12/2007), Coverage Details – Universal Life**, is used to obtain coverage details for available benefits and options. The coverage selections are shown as variable information in [brackets] to accommodate future changes to the benefit/rider options. Any new riders will be filed for state approval as required.

**NB5013US (12/2007), Coverage Details – Term & Traditional Life**, is used to obtain coverage details for available benefits and options. The coverage selections are shown as variable information in [brackets] to accommodate future changes to the benefit/rider options. Any new riders will be filed for state approval as required.

**NB5017US (12/2007), Important Notice: Replacement of Life Insurance or Annuities (Standard Form)**, is used to obtain information regarding any replacement of the Owner's existing policies.

The Service Office Address on the submitted forms is shown as variable information in [brackets] in case of future change.

We trust the forms are acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me at 416-852-7906 (collect) or via e-mail at jacqueline\_lau@jhancock.com.

Sincerely,

Jacqueline Lau  
Contract Analyst

**Enclosures:** Statement of Variability  
Filing Fee sent via EFT  
Flesch Score Certificate

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**STATEMENT OF VARIABILITY**

**APRIL 03, 2008**

**TEMPORARY LIFE INSURANCE RECEIPT AND AGREEMENT**

**FORM NB5004US (12/2007)**

<b>Section/Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page.	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current address will always appear on the form.

**NOTICE OF DISCLOSURE OF INFORMATION**

**FORM NB5006US (12/2007)**

<b>Section/Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page.	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current address will always appear on the form.

**COVERAGE DETAILS – UNIVERSAL LIFE****FORM NB5007US (12/2007)**

<b>Section/Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page.	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current address will always appear on the form.
Coverage Selection #10 to 23	Page 1 & 2	The Coverage Selection section is [bracketed] to accommodate future changes. Plan/Product name, Total Face Amount, Additional Benefits and Other, all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.

**COVERAGE DETAILS – TERM & TRADITIONAL LIFE****FORM NB5013US (12/2007)**

<b>Section/Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page.	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current address will always appear on the form.
Coverage Selection #8 to 19	Page 1, 2 & 3	The Coverage Selection section is [bracketed] to accommodate future changes. Plan/Product name, Total Face Amount, Additional Benefits and Other, all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.

**IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES  
(STANDARD FORM)**

**FORM NB5017US (12/2007)**

<b>Section/Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page.	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current address will always appear on the form.